MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
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64 65 66 67 68 69 70 71 71 72 73 74 75 75 76 77 77 78 79 80 80 81 81 82 83 83 84 85 86 87 88 88 88 89 90 91 91 92 92 93 94 95 96 97 98 98 99 99
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TOTAL IND. TOTAL DEP. TOTAL CLAIMS
TOTAL CLADMS
TOTAL DEP.
TOTAL CLAIMS
CLAMS TOTAL
CLAIMS CANCELLARIES